

ISSUE SLIP STAPLE A?E. (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 21     | 11/6/01  |
| FORMALITY REVIEW          | DMW      | 721    | 11-20-01 |
| RESPONSE FORMALITY REVIEW | ZM       | 927    | 01/22/02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 1              | 11/2/01 |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy

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